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Bib Data Sheet

CONFIRMATION NO. 9745

<b>SERIAL NUMBER</b> 08/480,908	<b>FILING OR 371(c) DATE</b> 06/07/1995 <b>RULE</b>	<b>CLASS</b> 606	<b>GROUP ART UNIT</b> 3772	<b>ATTORNEY DOCKET NO.</b> 101.0053-00000
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**APPLICANTS**  
 GARY K. MICHELSON, VENICE, CA;

**\*\* CONTINUING DATA \*\*\*\*\***  
 This application is a CIP of 08/396,414 02/27/1995 PAT 6,080,155  
 which is a CIP of 08/074,781 06/10/1993 PAT 5,484,437  
 which is a CON of 07/698,674 05/10/1991 ABN  
 which is a DIV of 07/205,935 06/13/1988 PAT 5,015,247  
 This application 08/480,908  
 is a CIP of 08/390,131 02/17/1995 PAT 5,593,409

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**  
**\*\* 09/19/1995**

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 4	<b>TOTAL CLAIMS</b> 97	<b>INDEPENDENT CLAIMS</b> 4
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Verified and Acknowledged  
 Examiner's Signature \_\_\_\_\_ Initials \_\_\_\_\_

**ADDRESS**  
 22882

**TITLE**  
 THREADED FRUSTO-CONICAL INTERBODY SPINAL FUSION IMPLANTS

<b>FILING FEE RECEIVED</b> 4802	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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